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Fill in this information to identify your c			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	_	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Gary First Name Alan Middle Name	First Name Middle Name
	Bring your picture identification to your meeting	Matzi Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer	xxx - xx - <u>4</u> <u>8</u> <u>5</u> <u>5</u> OR	xxx - xx
	Identification number (ITIN)	9xx - xx	9xx - xx

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Del	btor 1 Gary Alan M	atzl	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Number	· · ·	Ns. I have not used any business names or EINs.
	(EIN) you have used i the last 8 years		Business name
	Include trade names a	Business name	Business name
	doing business as nam	Business name	Business name
			[_]
5.	Where you live	LIN	If Debtor 2 lives at a different address:
		64 Wildwood Trail Number Street	Number Street
		Cary IL 60013	
		City State ZIP Code	City State ZIP Code
		McHenry County	County
		If your mailing address is different from	If Debtor 2's mailing address is different
		the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	g Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	Part 2: Tell the C	ourt About Your Bankruptcy Case	
_			
7.	The chapter of the Bankruptcy Code you	· · · · · · · · · · · · · · · · · · ·	Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.
	are choosing to file under	✓ Chapter 7	
		Chapter 11	
		Chapter 12	
		Chapter 13	

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Deb	otor 1 Gary Alan Matzl	Gary Alan Matzl Case number (if known)				
8.	How you will pay the fee	cour pay v	I pay the entire fee when I file my petition t for more details about how you may pay. with cash, cashier's check, or money order alf, your attorney may pay with a credit care	Typically, if you are par. If your attorney is sub	ying the fee yourself, you may mitting your payment on your	
		ш	ed to pay the fee in installments. If you or ideals to Pay Your Filing Fee in Installment	,	• • • • • • • • • • • • • • • • • • • •	
		By la than fee i	quest that my fee be waived (You may reaw, a judge may, but is not required to, wait 150% of the official poverty line that appling installments). If you choose this option, g Fee Waived (Official Form 103B) and file	ve your fee, and may do es to your family size ar you must fill out the Ap	o so only if your income is less and you are unable to pay the	
9.	Have you filed for	☑ No				
	bankruptcy within the last 8 years?	☐ Yes.				
		— District		When	Case number	
		_			Case number	
		District _		When	Case number	
		District _			Case number	
40	Are only handrunter	➡ No		MM / DD / YYYY		
10.	Are any bankruptcy cases pending or being	☑ No				
	filed by a spouse who is not filing this case with	Yes.				
	you, or by a business	Debtor _		Relations	hip to you	
	partner, or by an affiliate?	District _		When MM / DD / YYYY	Case number,	
				MIMI / DD / YYYY	II KNOWN	
		Debtor _		Relations	nip to you	
		District _		When	Case number,	
				MM / DD / YYYY	if known	
11.	Do you rent your residence?	☐ No. ✓ Yes.	Go to line 12. Has your landlord obtained an eviction j residence?	udgment against you ar	nd do you want to stay in your	
			✓ No. Go to line 12.✓ Yes. Fill out Initial Statement About and file it with this bankruptcy petit		Against You (Form 101A)	

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Deb	tor 1	Gary Alan Matzl				Case number (if known)		
Pa	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole Proprietor			
12.	•	a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of b	usiness			
	busines	roprietorship is a s you operate as an			Name of business, if any				
	separate	al, and is not a e legal entity such as ation, partnership, or			Number Street				
	sole pro	ave more than one prietorship, use a			City		State	ZIP Co	ode
	separate sheet and attach it to this petition.				Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above				
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can mos	set ap	opropriate deadlines. If you	the court must know whether you indicate that you are a small nent of operations, cash-flow state that you are a small nent of operations, cash-flow state to exist, follow the procedure in	ll business de atement, and	ebtor, you federal in	must attach your come tax return
	debtor?	btor?	$\overline{\mathbf{A}}$	No.	I am not filing under C	hapter 11.			
		efinition of small s debtor, see		No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition i the Bankruptcy Code.				ng to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous F	Property or Any Property	y That Nee	eds Imm	ediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?				
hazard to public health or safety? Or do you own any property that needs immediate attention?					If immediate attention	is needed, why is it needed?			
	perishal livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

Debtor 1	Gary Alan Matzl	Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counselin	g because of:
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me

☐ I am not required to receive a briefing about

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Gary Alan		Gary Alan Matzl	an Matzl				Case number (if known)		
P	art 6:	Answer These C	Questi	ons for Reporting Pu	ırpos	ses			
16.	What k have?	ind of debts do you	16a.		-	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
		 16b. Are your debts primarily business debts? Business debts money for a business or investment or through the operation of the primarily No. Go to line 16c. ☐ Yes. Go to line 17. 				•			
			16c.	State the type of debts y	ou ow	e that are not consumer or bu	sines	s debts.	
17.	17. Are you filing under Chapter 7?			No. I am not filing under	r Chap	oter 7. Go to line 18.			
	any exclude adminitional are paid available.	estimate that after empt property is ed and strative expenses d that funds will be ble for distribution ecured creditors?	V	•	•	•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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ormation provided is true				
ole, under Chapter 7, 11, 12, ch chapter, and I choose to				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
y or property by fraud in onment for up to 20 years,				
or 2				
DD / YYYY				

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Debtor 1	Gary Alan Matzl		_ Case number (if know	n)			
epresente	not represented by y, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.					
		X /s/ Melissa J. Sedlacek Signature of Attorney for Debtor	Date	08/03/2017 MM / DD / YYYY			
		Melissa J. Sedlacek Printed name					
		WAGNER & WAGNER Firm Name 960 Route 22, Suite 210 Number Street					
		Number Street PO BOX 23					
		Fox River Grove	IL .	60021			
		City Contact phone (847) 639-1800	State	ZIP Code			
		6297868		_	1		
		Bar number	State				

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Fill in this in	formation to i	dentify your cas	se and this filing:		
Debtor 1	Gary	Alan	Matzl		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	y) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court fo	or the: NORTHERN	DISTRICT OF ILLINOIS		
Case number			_	Charle	
(if known)				—	if this is an led filing
Official Farm	- 40CA/D				
Official Form		v			12/15
Schedule A	VB: Property	<u>y</u>			12/15
sheet to this form	m. On the top of a	any additional pages	lying correct information. If more s, write your name and case numb ling, Land, or Other Real Es	oer (if known). Answer eve	ry question.
					, dir iino. cot
		I or equitable intere	est in any residence, building, land	d, or similar property?	
· ·	to Part 2. /here is the proper	tv?			
		•	ıll of your entries from Part 1, incl	udina anv	
	-	•	Write that number here		\$0.00
Part 2: De	escribe Your V	/ehicles		•	
- 41 (21	2001100 1 0 4	Ciliolog			
-		-	t in any vehicles, whether they are e, also report it on Schedule G: Exec	_	•
3. Cars, vans,	trucks, tractors, s	sport utility vehicles	, motorcycles		
□ No ☑ Yes					
3.1.		Who ha	s an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Chevy	Check o		amount of any secured claim Creditors Who Have Claim	
Model:	Malibu		otor 1 only otor 2 only	Current value of the	Current value of the
Year:	2012		otor 1 and Debtor 2 only	entire property?	portion you own?
Approximate miles			east one of the debtors and another	\$6,623.00	\$6,623.00
-	: alibu (approx. 57 ource Kelly Blu	— ,	eck if this is community property e instructions)		
4. Watercraft, a	aircraft, motor ho	omes, ATVs and othe	er recreational vehicles, other veh raft, fishing vessels, snowmobiles, m		
✓ No ☐ Yes	, ,	.,	, ,	•	
	-	•	III of your entries from Part 2, inclu	uding any	\$6,623.00

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Debtor 1		Gary Alan Matzl Ca	se number (if known)	
Pa	art 3:	Describe Your Personal and Household Items		
Do y	you own	or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and furnishings es: Major appliances, furniture, linens, china, kitchenware		
	☐ No ☑ Yes	s. Describe Household good and furnishings		\$1,500.00
7.	Electro Exampl	nics es: Televisions and radios; audio, video, stereo, and digital equipment; computation music collections; electronic devices including cell phones, cameras, mediation.	•	
	✓ No	s. Describe		
8.		ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or stamp, coin, or baseball card collections; other collections, memorabilia, co		
	✓ No	s. Describe		
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool canoes and kayaks; carpentry tools; musical instruments	tables, golf clubs, skis;	
	□ No ☑ Yes	s. Describe fishing poles		\$100.00
10.	✓ No	es: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
11.	Clothes	.		
	□ No	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories b. Describe Clothing		\$150.00
12.	Jewelry Exampl	 es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlogold, silver 	oom jewelry, watches, gems,	
	✓ No	s. Describe		
13.		rm animals es: Dogs, cats, birds, horses		
	✓ No	s. Describe		
14.	did not	ner personal and household items you did not already list, including any holist	ealth aids you	
		s. Give specific		
15.		e dollar value of all of your entries from Part 3, including any entries for pa	ges you have	\$1,750.00

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Deb	tor 1	Gary Alan Matzl Case number (if known)	
P	art 4:	Describe Your Financial Assets	
		or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	✓ No ☐ Yes		
17.	-	es: of money es: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.	
	□ No ☑ Yes	Institution name:	
	17.	Checking account: Checking account	\$100.00
18.		mutual funds, or publicly traded stocks es: Bond funds, investment accounts with brokerage firms, money market accounts	
		Institution or issuer name:	
19.	-	blicly traded stock and interests in incorporated and unincorporated businesses, including est in an LLC, partnership, and joint venture	
	✓ No ☐ Yes info	. Give specific rmation about % of ownership	:
20.	Govern Negotia	ment and corporate bonds and other negotiable and non-negotiable instruments ble instruments include personal checks, cashiers' checks, promissory notes, and money orders. gotiable instruments are those you cannot transfer to someone by signing or delivering them.	
	info	. Give specific rmation about n Issuer name:	
21.		nent or pension accounts es: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	ي ا	. List each ount separately. Type of account: Institution name:	
		IRA: IRA Morgan Stanley	\$180,000.00
22.	Your sh	y deposits and prepayments are of all unused deposits you have made so that you may continue service or use from a company es: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications ies, or others	
	□ No		
	. . 30	Security deposit on rental unit: Security deposit on rental unit	\$1,000.00
23.	☑ No	es (A contract for a specific periodic payment of money to you, either for life or for a number of years)	

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Deb	tor 1 Gary Alan Matzl		Case number	(if known)	
24.	Interests in an education II 26 U.S.C. §§ 530(b)(1), 529	· ·	nalified ABLE program, or under a qualifi	ed state tuition pro	gram.
	□ No ✓ Yes	Institution name and desc	cription. Separately file the records of any in	nterests, 11 U.S.C.	& 521(c)
	V	Son has a 529 plan	inputori. Coparatory inc the records of any in	11 0.0.0.	\$7,000.00
25.	Trusts, equitable or future powers exercisable for yo	interests in property (ot	her than anything listed in line 1), and rig	hts or	
	✓ No✓ Yes. Give specific information about them				
26.	Examples: Internet domain		d other intellectual property; Is from royalties and licensing agreements		
	✓ NoYes. Give specific information about them				
27.		•	s erative association holdings, liquor licenses	, professional licens	ses
	NoYes. Give specific information about them				
Mor	ney or property owed to you	1?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you				
	☑ No				
	Yes. Give specific infor about them, including w			Federal	
	you already filed the ret			State:	
	and the tax years			Local:	
29.	Family support Examples: Past due or lump No	p sum alimony, spousal su	upport, child support, maintenance, divorce	settlement, property	settlement
	Yes. Give specific infor	rmation		Alimony:	
				Maintenance:	
				Support:	
				Divorce settlement:	
				Property settlement	<u>:</u>
30.		disability insurance payme	nts, disability benefits, sick pay, vacation pa paid loans you made to someone else	ay, workers'	
	✓ No✓ Yes. Give specific information	rmation			
31.			savings account (HSA); credit, homeowner	s, or renter's insurar	nce
	No ✓ Yes. Name the insurancompany of each policy and list its value		Beneficiary:	Su	rrender or refund value:

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Deb	tor 1	Gary Alan Matzl	Case number (if known)	
		MetLife Whole Life Policy. \$10,0 face cash value.	00 Children equal	\$0.00
32.	If you a	terest in property that is due you from someone who has die re the beneficiary of a living trust, expect proceeds from a life in to receive property because someone has died		
	✓ No ☐ Yes	s. Give specific information		
33.		against third parties, whether or not you have filed a lawsuiles: Accidents, employment disputes, insurance claims, or rights	• •	
	✓ No ☐ Yes	s. Describe each claim		
34.		contingent and unliquidated claims of every nature, including to set off claims	g counterclaims of the debtor and	
	✓ No ☐ Yes	s. Describe each claim		
35.	Any fin	ancial assets you did not already list		
	✓ No ☐ Yes	s. Give specific information		
36.		e dollar value of all of your entries from Part 4, including any		\$188,100.00
		Described to Describe Deleted Described Vision		and add to be Boat 4
P	art 5:	Describe Any Business-Related Property You Ov	vn or have an interest in. List an	real estate in Part 1
37.	Do you	own or have any legal or equitable interest in any business	-related property?	
	✓ No.	. Go to Part 6.		
	☐ Yes	s. Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or commissions you already earned		oranie or oxompriono.
	☑ No ☐ Yes	s. Describe		
39.		equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, codesks, chairs, electronic devices	opiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe		
40.	Machin	nery, fixtures, equipment, supplies you use in business, and	tools of your trade	
	✓ No ☐ Yes	s. Describe		
41.	Invento	pry		
	✓ No	s. Describe		
42.	Interes	ts in partnerships or joint ventures		
	☑ No	s. Describe Name of entity:	% of ownership:	

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Deb	tor 1	Gary Alan Matzl	Case number (if known)	
43.	Custom	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as define No Yes. Describe	ed in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries d for Part 5. Write that number here		\$0.00
Pa		Describe Any Farm- and Commercial Fishing-Related P f you own or have an interest in farmland, list it in Part 1.	roperty You Own or Have a	n Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commerc	cial fishing-related property?	
		Go to Part 7. Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm an	nimals es: Livestock, poultry, farm-raised fish		
	✓ No ☐ Yes			
48.	Crops	either growing or harvested		
		. Give specific mation		
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of	trade	
	✓ No ☐ Yes	·-·		
50.	Farm a	nd fishing supplies, chemicals, and feed		
	✓ No ☐ Yes			
51.	Any far	m- and commercial fishing-related property you did not already list		
		. Give specific rmation		
52.	Add the attache	dollar value of all of your entries from Part 6, including any entries d for Part 6. Write that number here	for pages you have	\$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in T	hat You Did Not List Above	
53.	-	have other property of any kind you did not already list? es: Season tickets, country club membership		
	✓ No	. Give specific information.		

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Debtor 1	Gary Alan Matzl	Case nu	umber (if known)	
	the dollar value of all of your entries from Part 7. Write List the Totals of Each Part of this Form	that number here		\$0.00
	1: Total real estate, line 2			\$0.00
	2: Total vehicles, line 5 3: Total personal and household items, line 15	\$6,623.00 \$1,750.00		
	4: Total financial assets, line 36	\$188,100.00		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54	+ \$0.00		
62. Tota	I personal property. Add lines 56 through 61	\$196,473.00	Copy personal property total	+ \$196,473.00
63. Tota	I of all property on Schedule A/B. Add line 55 + line 62	2		\$196,473.00

Case 17-81824 Doc 1	Filed 08/03/17 Document	Entered 0 Page 16 of	8/03/17 15:10:54 62	Desc Main		
Fill in this information to identify your	case:					
Debtor 1 Gary Alan First Name Middle Nam	Matzl ne Last Name					
Debtor 2 (Spouse, if filing) First Name Middle Nam	ne Last Name					
United States Bankruptcy Court for the: NORTHE	ERN DISTRICT OF I	LLINOIS	☐ Che	ck if this is an		
Case number (if known)	Case number amended filing					
Official Form 106C						
Schedule C: The Property You C	laim as Exemp	ot		04/10		
Using the property you listed on <i>Schedule A/B: Prop</i> space is needed, fill out and attach to this page as a write your name and case number (if known). For each item of property you claim as exempt, you is to state a specific dollar amount as exempt. A exempted up to the amount of any applicable stareceive certain benefits, and tax-exempt retirement exemption of 100% of fair market value under a laproperty is determined to exceed that amount, you properly is determined to exceed that amount, you write the property You Claiming? 1. Which set of exemptions are you claiming?	you must specify the authorized liternatively, you may stutory limit. Some exent fundsmay be unlaw that limits the execute exemption would aim as Exempt Check one only,	amount of the exclaim the full facemptions—such limited in dollar amption to a part be limited to the	e as necessary. On the to kemption you claim. One ir market value of the propa as those for health aids, amount. However, if you cicular dollar amount and the applicable statutory amounts is set is filing with you.	way of doing so perty being rights to claim an the value of the		
✓ You are claiming state and federal nonbar☐ You are claiming federal exemptions. 11		11 U.S.C. § 522(I	0)(3)			
2. For any property you list on <i>Schedule A/B</i> the	hat you claim as exer	npt, fill in the inf	ormation below.			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you	•	that allow exemption		
	Copy the value from Schedule A/B	Check only one each exemption				
Brief description:	\$6,623.00	\$2,40	0.00 735 ILCS 5/1	I2-1001(c)		
2012 Chevy Malibu (approx. 57000 miles). Value source Kelly Blue Book. (1st exemption claimed for this asset)	·	100% of favalue, up to applicable	ir market o any			

3. Are you claiming a homestead exemption of more than \$160,375?

\$6,623.00

✓ No Yes

Brief description:

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

□ No Yes

Line from Schedule A/B: 3.1

Value source Kelly Blue Book.

Line from Schedule A/B: 3.1

2012 Chevy Malibu (approx. 57000 miles).

(2nd exemption claimed for this asset)

limit

limit

 $\overline{\mathbf{A}}$

\$2,323.00

100% of fair market

applicable statutory

value, up to any

735 ILCS 5/12-1001(b)

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Debtor 1	Gary Alan Matzl		Case numbe	r (if known)
Part 2:	Additional Page			
	ription of the property and line on A/B that lists this property	Current value of the portion you own	 ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	eck only one box for h exemption	
	iption: Id good and furnishings Schedule A/B: 6	<u>\$1,500.00</u>	\$1,500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief descr Checking Line from S	•	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
_	iption: l an Stanley Schedule A/B: 21	\$180,000.00	\$180,000.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006
-	iption: deposit on rental unit Schedule A/B: 22	\$1,000.00	\$177.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
cash valu	Whole Life Policy. \$10,000 face	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(f)

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Debtor 1	ormation to identi	ify your case: Alan Mat	-7			
Debior			Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name Last I	Name			
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	Γ OF ILLINOIS	,		
Case number	aproj Gourt for unor j					
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Who	o Have Claims Se	ecured by	Property		12/15
On the top of any 1. Do any credit □ No. Che □ Yes. Fill	additional pages, writers have claims secunds this box and submiters in all of the information		umber (if know	n).		
Part 1: Lis	t All Secured Clai	ms				
claim, list the creditor has a	creditor separately for e particular claim, list the ible, list the claims in a	r has more than one secur each claim. If more than o e other creditors in Part 2. Iphabetical order according	one As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the property	that	\$12,896.07	\$8,985.00	\$3,911.07
Capital One		secures the claim: — 2015 Chevy Cruz		<u> </u>	40,000.00	40,011101
Creditor's name PO BOX 360 Number Street		— 2013 Glievy Gluz				
		As of the date you file Contingent	e, the claim is:	Check all that apply.		
Wilmington City	DE 19899 State ZIP Code	_ Unliquidated				
Who owes the dek Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this o	Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Other (including a right to offset) ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)					
Date debt was inc	urred	Last 4 digits of accou	int number	2 3 4 2		
Debtor co-signe	d car loan with dau	ghter. Daughter Maris	sa Matzl is m	aking all payments	s. Value source Kell	y Blue Book.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,896.07

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Debtor 1 Gary Alan Matzl	Case number (if known)				
Part 1: After listing any entries on this page, number them seguentially from the previous page.		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Z.2 Carmax Creditor's name PO BOX 440609 Number Street	Describe the property that secures the claim: 2012 Chevy Malibu (approx. 57000 miles). Value sou	\$1,900.00	\$6,623.00		
Kennesaw GA 30160 City State ZIP Code Who owes the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money				
Date debt was incurred	Last 4 digits of account number	5 7 8 4			

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$1,900.00 \$14,796.07

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Em to dita to		Lead'd and a		I		
Fill in this in	formation to i	dentify your ca	ase:			
Debtor 1	Gary	Alan	Matzl			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing	g) First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court fo	or the: NORTHER	N DISTRICT OF ILLINOIS			
Case number					Check if this is	s an
(if known)				_	amended filing	9
Official Forn	n 106E/F					
Schedule E	F: Credito	rs Who Have	Unsecured Claims			12/15
on Schedule A/B Do not include a If more space is to this page. On	B: Property (Officiny creditors with needed, copy the the top of any ac	al Form 106A/B) a partially secured Part you need, fil Iditional pages, w	acts or unexpired leases that coul nd on Schedule G: Executory Co claims that are listed in Schedule I it out, number the entries in the rite your name and case number (ecured Claims	ntracts and Unexpire D: Creditors Who I boxes on the left. I	ed Leases (Offic Hold Claims Sect	ial Form 106G). ured by Property.
•	•	y unsecured clain	is against you?			
<u> </u>	to Part 2.					
Yes.						
claim. For ea show both pr more space i claim, list the	ach claim listed, id riority and nonprior is needed for prior e other creditors in	dentify what type of rity amounts. As m rity unsecured clain Part 3.	creditor has more than one priority unclaim it is. If a claim has both prior uch as possible, list the claims in all his, fill out the Continuation Page of	ity and nonpriority am phabetical order acco Part 1. If more than o	nounts, list that cla ording to the cred	aim here and itor's name. If
(For an expia	anation of each typ	be of claim, see the	instructions for this form in the inst	Total claim	Priority	Nonpriority
				Total olalli	amount	amount
2.1						
			Last 4 digits of account number			_
Priority Creditor's Na	me		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that ap	ply.	
			Contingent		•	
		_	Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the	e debt? Check	one.	Type of PRIORITY unsecured cla	im:		
Debtor 1 only			Domestic support obligations			
Debtor 2 only	Debtor 2 only		Taxes and certain other debts		nent	
	of the debtors and	another	Claims for death or personal ir intoxicated	jury while you were		
ш	claim is for a co		Other. Specify			
Is the claim subj		-	" '			
□ No						
Yes						

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Debtor 1 Gary Alan Matzl	Case number (if known)
Part 2: List All of Your NONPRIOR	RITY Unsecured Claims
3. Do any creditors have nonpriority unsecu ☐ No. You have nothing to report in this p ☑ Yes	ored claims against you? Doart. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority ur type of claim it is. Do not list claims already	ms in the alphabetical order of the creditor who holds each claim. nsecured claim, list the creditor separately for each claim. For each claim listed, identify what included in Part 1. If more than one creditor holds a particular claim, list the other creditors in rity unsecured claims, fill out the Continuation Page of Part 2. Total claim
4.1 AT&T Universal Rewards Citi Card Nonpriority Creditor's Name	\$1,810.16 Last 4 digits of account number 8 0 7 0
PO BOX 78045 Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Phoenix City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
Malcolm S. Gerald and Associates, Inc. Nonpriority Creditor's Name 332 S. Michigan Ave. Suite 600 Number Street	Last 4 digits of account number 7 9 5 8 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Chicago City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ☐ No Yes Creditor: St. Alexius Medical Center	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -

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Debtor 1 Gary Alan Matzl	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$1,056.00
Midwest Emergency Associates, LLC	Last 4 digits of account number 1 7 7 2	
Nonpriority Creditor's Name PO BOX 637542	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Cincinnati OH 45263		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Arrearage	
Is the claim subject to offset? ☑ No ☐ Yes		
4.4		\$2,415.50
Northwest Health Care Associates	Last 4 digits of account number1 _ 5 _ 1 _ 9	
Nonpriority Creditor's Name 2500 W. Higgins Road, Suite 505	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Hoffman Estates IL 60169		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Arrearage	
No		
Yes		
4.5		\$1,139.00
Northwest Oncology and Hematology S.C. Nonpriority Creditor's Name	Last 4 digits of account number 7 5 3 9	
3701 Algonquin Road, Suite 900	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Rolling Meadows IL 60008 City State ZIP Code	Turns of NONDRIGHTY unaccount delains	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Arrearage	
Is the claim subject to offset?	All calage	
No No		
Yes		

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Debtor 1 Gary	Alan Matzl	Case number (if known)	
Part 2: You	ur NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any e	ntries on this page, number th	em sequentially from the	Total claim
4.6			\$114.00
	nsultants of Woodstock	Last 4 digits of account number 3 1 5 B	
Nonpriority Creditor's N 9410 Compubill		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
		☐ Contingent ☐ Unliquidated	
		— ☐ Disputed	
Orland Park City	IL 60462 State ZIP Code	Toward MONIPPIOPITY over a sound delain.	
Who incurred the		Type of NONPRIORITY unsecured claim:	
Debtor 1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	Nahtan O anh	that you did not report as priority claims	
Debtor 1 and D	the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
—	claim is for a community debt	Other. Specify	
Is the claim subject	•	Arrearage	
✓ No	or to onser.		
Yes			
4.7			\$48,437.00
St. Alexius Medi		Last 4 digits of account number 8 8 5 8	•
Nonpriority Creditor's N 1555 Barrington		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
		Contingent	
		──	
Hoffman Estates		— — — — — — — — — — — — — — — — — — —	
City Who incurred the	State ZIP Code debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	and an	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only		that you did not report as priority claims	
Debtor 1 and D	•	Debts to pension or profit-sharing plans, and other similar debts	
—	the debtors and another	Other. Specify	
—	claim is for a community debt	Arrearage	
Is the claim subjection No	CT TO OHSET?		
Yes			

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Debtor 1	Gary Alan Matzl	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
nomi arez	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar 6 debts		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$58,548.35
	6j.	Total. Add lines 6f through 6i.	6j.	\$58,548.35

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Fill in this inf	ormation to	identify your case:				
Debtor 1	Gary First Name	Alan Middle Name	Matzl Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: NORTHERN DIST	RICT OF ILLIN	OIS		
Case number (if known)					☐ Check if this is an amended filing	
Official Form	106G					
Schedule G	: Executor	y Contracts and U	Jnexpired I	_eases		12/1
No. Che ✓ Yes. Fill List separate is for (for example)	ck this box and f in all of the infor	mation below even if the co or company with whom yo icle lease, cell phone). Se	with your other so ontracts or leases ou have the con	are listed o	ou have nothing else to report on this form. on Schedule A/B: Property (Official Form 106 se. Then state what each contract or leas m in the instruction booklet for more example	e
Person or	company with	whom you have the contra	act or lease	State v	what the contract or lease is for	
2.1 Capital C	One Street			_ Daugh	an 2015 Chevy Cruz. Co-signed with onter making 100% of payments. act to be ASSUMED	laughter.
Crystal L City 2.2 Carmax Name PO BOX Number			60014 ZIP Code	_ Paymo	nly car payments for 2012 Chevy Malit ents end in April 2018. act to be ASSUMED	ou.

30160 ZIP Code

GA State

Kennesaw City Case 17-81824 Doc 1 Filed 08/03/17 Entered 08/03/17 15:10:54 Desc Main Document Page 26 of 62

Fill	in this inf	ormation to i	identify your case:			
Debt	or 1	Gary	Alan	Matzl		
		First Name	Middle Name	Last Name		
Debt (Spo	or 2 use, if filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court fo	or the: NORTHERN D	STRICT OF ILLINO	ois	
Case	number				Charle if this is an	
(if kn	own)				Check if this is ar amended filing	1
Offic	sial Form	1064				
	ial Form	Your Cod	ehtors			12/15
5011	caule 11.	Tour cou	CDIOIS			12/13
1. D □] No	any codebtors?	(If you are filing a joi	nt case, do not list eith	her spouse as a codebtor.)	
		-	-		r territory? (Community property states and territor Rico, Texas, Washington, and Wisconsin.)	pries
<u> </u>	_		rmer spouse, or legal ed	quivalent live with you	at the time?	
p C	erson show reditor on S	list all of your on in line 2 agair ichedule D (Office	as a codebtor only if	that person is a guar dule E/F (Official For	a codebtor if your spouse is filing with you. Lis rantor or cosigner. Make sure you have listed th rm 106E/F), or <i>Schedule G</i> (Official Form 106G).	ne
	Column 1:	Your codebtor			Column 2: The creditor to whom you o	owe the debt
					Check all schedules that apply:	
3.1	Marissa	Matzl				
5.1	Name				Schedule D, line	
	Number	Idall Crossing Street			Schedule E/F, line	
					Schedule G, line 2.1	
	Johnsbu City	rg	IL State	60051 ZIP Code	Capital One	
3.2	Marissa	Matzl			— F Cabadula D line 0.4	
	Name 2717 Ker	ndall Crossing		Schedule D, line 2.1		
	Number	Street			Schedule E/F, line	
					Schedule G, line Capital One	
	Johnsbu	rg	IL State	60051	—— Capital Olic	

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G	ill in this inform	nation to identi	fy your case:					
	Debtor 1	Gary	Alan	Matzl				
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$- \Box $	An amended filing
	United States Bankr	ruptcy Court for the	NORTHERN	DISTRICT OF IL	LINO	IS	_ 🗆	A supplement showing postpetition chapter 13 income as of the following date:
	Case number (if known)				_			
\Box	fficial Form 10	 161						MM / DD / YYYY
_	chedule I: Yo							12/15
res inc abo you	sponsible for supply lude information al out your spouse. If ur name and case n	ying correct inform bout your spouse. more space is ne	nation. If you are If you are separa eded, attach a se Answer every q	married and not ated and your spo parate sheet to th	filing j ouse is	jointly, s not fil	and your ing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more t job, attach a separ with information ab	rate page Emploout	oyment status	✓ Employed☐ Not employed	ed			Employed Not employed
	additional employe	Occı	pation	Accountant				_
	Include part-time, s or self-employed v	· ·	oyer's name	Molon Motor 8	Coil	Corp		_
	Occupation may ir student or homem applies.		oyer's address	300 N Ridge A Number Street	ve			Number Street
				Arlington Heig	hts	IL	60005	
				City		State	Zip Code	City State Zip Code
		How	long employed th	ere? 38 year	S			
F	Part 2: Give D	etails About N	onthly Incom	9				
	timate monthly inco			If you have noth	ing to	report f	or any line	, write \$0 in the space. Include your
If y	0 .	spouse have more	than one employe	er, combine the info	ormatio	on for a	II employe	rs for that person on the lines below. If
						For De	ebtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gros payroll deductions would be.				2.	\$	4,875.00	
3.	Estimate and list	monthly overtime	pay.		3. 👍		\$0.00	
4.	Calculate gross in	ncome. Add line 2	2 + line 3.		4.	\$4	4,875.00	

Official Form 106l Schedule I: Your Income page 1

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Deb	otor 1 Gary Alan Matzl		Case nur	nber (if know	n)	
			For Debtor 1	For Debto		
	Copy line 4 here	4 .	\$4,875.00			•
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,228.07			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$537.12			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00			
	5h. Other deductions. Specify:	5h. -	+\$0.00_			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$1,765.19			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4	. 7.	\$3,109.81			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	 8g.	\$0.00			
	8h. Other monthly income. Specify:	8h.	+ \$0.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h	— . 9.	\$0.00		-	
Э.	Add all other income. Add lines oa + ob + oc + od + oe + ol + og + ol	. 3.	\$0.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,109.81	+	=	\$3,109.81
11.	State all other regular contributions to the expenses that you list in					
	Include contributions from an unmarried partner, members of your house friends or relatives.	ehold, y	our dependents, you	ir roommates	, and othe	er
	Do not include any amounts already included in lines 2-10 or amounts the	hat are i	not available to pay	expenses list	ed in Sche	edule J.
	Specify:				11.	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 1				12.	\$3,109.81
	income. Write that amount on the Summary of Your Assets and Liabiliti if it applies.	es and	Certain Statistical In	formation,		Combined monthly income
13.	Do you expect an increase or decrease within the year after you file	this fo	rm?			
	✓ No. None.					
	Yes. Explain:					

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G	ill in this inforn	nation to identi	ify your case:			Cha	ole if this	. io.	
	Debtor 1	Gary	Alan	Matzl		l	ck if this	s is: ended filing	
	Debtor 1	First Name	Middle Name	Last Nar	me	$\ \ $	A supp	lement showing	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nar	me			r 13 expenses a ng date:	s of the
	United States Bank	ruptcy Court for the	: NORTHERN D	ISTRICT OF	ILLINOIS		MM / D	D / YYYY	
	Case number (if known)								
O	fficial Form 10)6J				J			
Sc	chedule J: Yo	our Expense	es						12/15
naı	rect information. I	f more space is ne	eeded, attach anoth swer every question	er sheet to tl	ng together, both ar his form. On the top				
1.	Is this a joint cas	e?							
2.	Do you have dep Do not list Debtor Debtor 2. Do not state the dinames. Do your expense expenses of peolyourself and you	Debtor 2 live in a s s. Debtor 2 must fi endents? 1 and ependents' s include ple other than	eparate household	J-2, Expenses	Dependent's relation Debtor 1 or Debtor	onshi		2. Dependent's age	Does dependent live with you? No Yes Yes Yes Yes
P	art 2: Estima	ate Your Ongo	ing Monthly Exp	penses					
to		of a date after the		-	re using this form as supplemental Sche			-	
			h government assi: n Schedule I: Your					Your expens	ses
4.			enses for your residence any rent for the grou					4	\$1,175.00
	If not included in	line 4:							
	4a. Real estate to	axes						4a	
	4b. Property, hor	meowner's, or rente	r's insurance					4b	\$20.00
	4c. Home mainte	enance, repair, and	upkeep expenses					4c	\$20.00
	4d. Homeowner's	s association or cor	ndominium dues					4d.	

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Debte	Gary Alan Matzl	Case number (if known)	
		Your expenses	3
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$50.00
	6b. Water, sewer, garbage collection	6b	\$80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$220.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7.	\$720.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$20.00
10.	Personal care products and services	10.	\$20.00
11.	Medical and dental expenses	11.	\$100.00
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$175.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$30.00
14.	Charitable contributions and religious donations	14.	
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$58.00
	15d. Other insurance. Specify:	15d.	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 2012 Chevy Malibu	17a	\$228.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:		
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
	Other payments you make to support others who do not live with you. Specify:	19.	

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Debtor 1		Gary Alan Matzl	Case number (if known)				
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.					
	20a.	Mortgages on other property	20a				
	20b.	Real estate taxes	20b				
	20c.	Property, homeowner's, or renter's insurance	20c				
	20d.	Maintenance, repair, and upkeep expenses	20d				
	20e.	Homeowner's association or condominium dues	20e				
21.	Other	r. Specify: Per divorce decree payment of son's health insurance	21. + _	\$165.00			
22.	Calcu	ulate your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$3,081.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,081.00			
23.	Calcu	ulate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,109.81			
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$3,081.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$28.81			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?				
		xample, do you expect to finish paying for your car loan within the year or do you ex ent to increase or decrease because of a modification to the terms of your mortgag	. ,				
	7 1	No					
		Yes. Explain here: None.					

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Fill in this inf	ormation to iden							
Debtor 1	Gary First Name	Alan Middle Name	Matzl Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS								
Case number (if known)					Check if this is an amended filing			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

E	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$196,473.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$196,473.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$14,796.07
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$58,548.35
	Your total liabilities	\$73,344.42
4 .	art 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I)	
•	Copy your combined monthly income from line 12 of Schedule I	\$3,109.81
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,081.00

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Deb	otor 1	Gary Alan Matzl	Case numbe	er (if known)	
P	art 4:	Answer These Questions for Administrative and Statistic	al Recor	ds	
6.	Are y	ou filing for bankruptcy under Chapters 7, 11, or 13?			
	_	No. You have nothing to report on this part of the form. Check this box and sub	omit this for	m to the court with you	ur other schedules.
7.	What	kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.				
		Your debts are not primarily consumer debts. You have nothing to report on his form to the court with your other schedules.	this part of	the form. Check this	box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$5,437.50				
9.	Сору	the following special categories of claims from Part 4, line 6 of <i>Schedule</i>	E/F:		
				Total claim	
	From	Part 4 on Schedule E/F, copy the following:			
	9a. E	Domestic support obligations. (Copy line 6a.)		\$0.00	<u>)</u>
	9b. T	Taxes and certain other debts you owe the government. (Copy line 6b.)		\$0.00	<u>)</u>
	9c. C	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00	<u>)</u>
	9d. S	Student loans. (Copy line 6f.)		\$0.00	<u>)</u>
		Obligations arising out of a separation agreement or divorce that you did not reportority claims. (Copy line 6g.)	oort as	\$0.00	<u>)</u>
	9f. D	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +	\$0.00	<u>)</u>

9g. Total. Add lines 9a through 9f.

\$0.00

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Fill in this info	ormation to	identify your case	:			
Debtor 1	Gary First Name	Alan Middle Name	Matzl Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number (if known)					Check if this is a amended filing	
Official Form	106Dec					
Declaration	About an	Individual Debt	tor's Schedules			

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below						
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
☑ No						
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
Under penalty of perjury, I declare that I have read true and correct.	the summary and schedules filed with this declaration and that they are					
X /s/ Gary Alan Matzl	X					
Gary Alan Matzl, Debtor 1	Signature of Debtor 2					
Date <u>08/03/2017</u> MM / DD / YYYY	Date MM / DD / YYYY					

12/15

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Fill in this inf		idantifus sama			
Debtor 1	Gary	identify your case: Alan	Matzl		
Debtor 1	First Name	Middle Name	Last Name	_	
Debtor 2	First Name	Middle Nove	LastNama		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number				☐ Check if this is an	
(if known)				amended filing	
Official Forms	107				
Official Form					
Statement o	f Financia	I Affairs for Ind	ividuals Filing fo	or Bankruptcy	04/16
Part 1: Giv	/e Details Ab	out Your Marital S	tatus and Where Yo	u Lived Before	
1. What is your ☐ Married ☐ Not marrie	current marital	status?			
ш		you lived anywhere o	ther than where you live	now?	
☑ No	-		-		
Yes. List	all of the places	you lived in the last 3 y	ears. Do not include when	e you live now.	
(Community p		•	• .	n a community property state or territory? puisiana, Nevada, New Mexico, Puerto Rico, Texas,	
✓ No ☐ Yes. Mak	e sure you fill ou	ıt Schedule H: Your Co	debtors (Official Form 106	H).	

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Part 2: Explain the Sources of You		Gary Alan Matzl Case		Case nur	Case number (if known)		
		Explain the Sources of Y	our Income				
4.	Fill in th	have any income from employne total amount of income you receive filing a joint case and you have it. Fill in the details.	ived from all jobs and all bus	inesses, including par	t-time activities.	endar years?	
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
From January 1 of the current year until the date you filed for bankruptcy:		•	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$34,875.00			
For the last calendar year: (January 1 to December 31,		•	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$59,550.00		,	
For the calendar year before that: (January 1 to December 31, 2015)		•	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$59,485.00	☐ Wages, commissions, bonuses, tips☐ Operating a business		
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4.						vsuits; royalties;	
	✓ No ☐ Yes	. Fill in the details.					

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Debtor 1		Gary Alan Matzl Case number (if known)
P	art 3:	List Certain Payments You Made Before You Filed for Bankruptcy
6.	Are eith	er Debtor 1's or Debtor 2's debts primarily consumer debts?
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?
		☐ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
	√ Yes	Debtor 1 or Debtor 2 or both have primarily consumer debts.
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
		No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
7.	Insiders corporat agent, in	year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.
	✓ No ☐ Yes	List all payments to an insider.
8.		year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider?
	Include	payments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes	List all payments that benefited an insider.

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Deb	tor 1	Gary Alan Matzl	Case number (if known)
Pa	art 4:	Identify Legal Actions, Repossessions, and Foreclosur	es
9.	List all s	I year before you filed for bankruptcy, were you a party in any lawsuit such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes.	•
	✓ No ☐ Yes	. Fill in the details.	
10.	seized,	I year before you filed for bankruptcy, was any of your property repos or levied? Ill that apply and fill in the details below.	sessed, foreclosed, garnished, attached,
	<u> </u>	Go to line 11. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a b s from your accounts or refuse to make a payment because you owed	· · · · · · · · · · · · · · · · · · ·
	✓ No ☐ Yes	. Fill in the details.	
12.		I year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes		
P	art 5:	List Certain Gifts and Contributions	
13.	Within 2	2 years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	✓ No ☐ Yes	. Fill in the details for each gift.	
14.		2 years before you filed for bankruptcy, did you give any gifts or contr charity?	ibutions with a total value of more than \$600
	✓ No ☐ Yes	. Fill in the details for each gift or contribution.	
Pa	art 6:	List Certain Losses	
15.		I year before you filed for bankruptcy or since you filed for bankruptc isaster, or gambling?	y, did you lose anything because of theft, fire,
	✓ No ☐ Yes	. Fill in the details.	

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Debtor 1	Gary Alan Matzl			Case number (if known)		
Part 7:	List Cer	tain P	ayments o	r Transfers		
	-	-		uptcy, did you or anyone else acting on your behal ankruptcy or preparing a bankruptcy petition?	lf pay or transfer any բ	property to
Include	e any attorney	s, bankr	ruptcy petition	preparers, or credit counseling agencies for services	required for your bankr	uptcy.
□ No ☑ Ye	o es. Fill in the o	details.				
WAGNER Person Who	& WAGNER	<u> </u>		Description and value of any property transferr \$2,000.00 for bankruptcy attorney retainer	• •	
	22, Suite 21	0			6/2/17	\$2,000.00
	treet	<u> </u>		_	0/2/11	Ψ2,000.00
Fox River	Grove	IL	60021	_		
City		State	ZIP Code			
Email or webs	site address			_		
Gary Matz	zl					
Person Who I	Made the Payme	ent, if Not	You	_		
Hananwill Person Who	I Credit Cou	nselinç	9	Description and value of any property transferr \$25.00 for pre-filing bankruptcy credit	ed Date payment or transfer wa made	
reison who	vvas Falu			counseling course	7/10/17	\$25.00
Number St	treet			_		
				_		
City		State	ZIP Code			
www.hana Email or webs	anwill.com site address			_		
Person Who I	Made the Payme	ent, if Not	You	_		
	-	-		uptcy, did you or anyone else acting on your beha with your creditors or to make payments to your c		property to
Do not	t include any p	ayment	or transfer tha	at you listed on line 16.		
☑ No □ Ye	o es. Fill in the o	details.				

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Deb	tor 1	Gary Alan Matzl	Case number (if known)
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwis ty transferred in the ordinary course of your business or financial affair	
		both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).
	✓ No ☐ Yes	s. Fill in the details.	
19.	you are	10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which
	✓ No	s. Fill in the details.	
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Storage Units
20.		year before you filed for bankruptcy, were any financial accounts or i , closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	s. Fill in the details.	
21.	•	now have, or did you have within 1 year before you filed for bankrupto urities, cash, or other valuables?	y, any safe deposit box or other depository
	✓ No	s. Fill in the details.	
22.	Have yo	ou stored property in a storage unit or place other than your home with	in 1 year before you filed for bankruptcy?
		s. Fill in the details.	
Pa	art 9:	Identify Property You Hold or Control for Someone Else	
23.	•	hold or control any property that someone else owns? Include any print trust for someone.	operty you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details.	

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Deb	otor 1	Gary Alan Matzl	Case number (if known)						
Р	art 10:	Give Details About Environmental Information							
For	the purp	ose of Part 10, the following definitions apply:							
ı	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.								
Rep	oort all no	otices, releases, and proceedings that you know about, regardless o	f when they occurred.						
24.	Has any law?	governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental						
	☑ No □ Yes	. Fill in the details.							
25.	-	ou notified any governmental unit of any release of hazardous materi	al?						
	✓ No ☐ Yes	. Fill in the details.							
26.	Have you	ou been a party in any judicial or administrative proceeding under an	y environmental law? Include settlements and						
	✓ No ☐ Yes	. Fill in the details.							
P	art 11:	Give Details About Your Business or Connections to	Any Business						
27.	Within 4	l years before you filed for bankruptcy, did you own a business or hes?	ave any of the following connections to any						
		A sole proprietor or self-employed in a trade, profession, or other activit A member of a limited liability company (LLC) or limited liability partners A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	ship (LLP)						
	لينا	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.	ss.						
28.		2 years before you filed for bankruptcy, did you give a financial state acial institutions, creditors, or other parties.	ment to anyone about your business? Include						
	□ No □ Yes	. Fill in the details below.							

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Debtor 1	Gary Alan Matzl		Case number (if known)
Part 12	Sign Below		
that answer	ers are true and correct. I unders	stand that making a false statement kruptcy case can result in fines up	nents, and I declare under penalty of perjury , concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years,
X /s/ Gar	ry Alan Matzl	X	
Gary Al	an Matzl, Debtor 1	Signature of Debtor 2	
Date _	08/03/2017	Date	_
Did you at	tach additional pages to Your Sta	atement of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone who	is not an attorney to help you fill ou	ut bankruptcy forms?
√ No			
	Name of person		Attach the Bankruptcy Petition Preparer's Notice,
			Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:				
Debtor 1	Gary First Name	Alan Middle Name	Matzl Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS				
Case number (if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.						
Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?		
Creditor's name:	Capital One		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	2015 Chevy Cruz		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making paya reaffirming.	men	nents to creditor without	
Creditor's name:	Carmax		Surrender the property. Retain the property and redeem it.		No Yes	
Description of property securing debt:	2012 Chevy Malibu (approx. 57000 miles). Value sou	<u></u>	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making pays reaffirming.	 nen	ts to creditor without	

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De	btor 1	Gary Alan N	atzl	Case	number (if known)		
F	Part 2:	List Your	Unexpired Personal Prope	rty Leases			
fill	in the in	formation belo	al property lease that you listed w. Do not list real estate leases. ne an unexpired personal prope	Unexpired leases are leases the	hat are still in effe	ect; the lease p	eriod has not
	Descri	be your unexp	red personal property leases			Will this lease	be assumed?
			Capital One car loan 2015 Chevy Cruz. C 100% of payments.	o-signed with daughter. Da	ughter making	□ No ✓ Yes	
		's name: otion of leased ty:	Carmax monthly car payments for 20 2018.	012 Chevy Malibu. Payments	s end in April	□ No ☑ Yes	
	•	, , ,	y, I declare that I have indicated	, , , ,	ty of my estate th	nat secures a d	ebt and
X	/s/ Gary Gary Ala	I property that I Alan Matzl In Matzl, Debtor 8/03/2017		ignature of Debtor 2			
		M / DD / YYYY	_	ate MM / DD / YYYY			

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION (ROCKFORD)

In	re Gary Alan Matzl	Case No.		
		Chapter	7	
	DISCLOSURE OF COMPENSATION OF ATT	TORNEY FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I are that compensation paid to me within one year before the filing of the petition services rendered or to be rendered on behalf of the debtor(s) in contemplatis as follows:	in bankruptcy, or	agreed to be paid to me, for	
	For legal services, I have agreed to accept	\$	2,000.00	
	Prior to the filing of this statement I have received	\$2	2,000.00	
	Balance Due		\$0.00	
2.	The source of the compensation paid to me was: ☑ Debtor ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	☑ Debtor ☐ Other (specify)			
4.	☐ I have not agreed to share the above-disclosed compensation with any associates of my law firm.	other person unle	ss they are members and	
I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.				
	Adversary proceedings.			
5.	In return for the above-disclosed fee, I have agreed to render legal service f	for all aspects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advice to the debankruptcy;	ebtor in determinin	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of affairs and	d plan which may l	pe required;	
	c. Representation of the debtor at the meeting of creditors and confirmation	n hearing, and any	adjourned hearings thereof;	

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/03/2017 /s/ Melissa J. Sedlacek

Date Melissa J. Sedlacek

WAGNER & WAGNER 960 Route 22, Suite 210 PO BOX 23

Fox River Grove, IL 60021

Phone: (847) 639-1800 / Fax: (847) 516-0325

Bar No. 6297868

/s/ Gary Alan Matzl

Gary Alan Matzl

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION (ROCKFORD)

IN RE: Gary Alan Matzl CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named	d Debtor hereby	verifies that th	e attached list	of creditors is t	rue and correct to	the best of his/he
know	rledge.						

Date 8/3/2017	Signature/s/ Gary Alan Matzl Gary Alan Matzl
Date	Signature

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AT&T Universal Rewards Citi Card PO BOX 78045 Phoenix, AZ 85062

Capital One PO BOX 360 Wilmington, DE 19899

Capital One Crystal Lake, IL 60014

Carmax PO BOX 440609 Kennesaw, GA 30160

Malcolm S. Gerald and Associates, Inc. 332 S. Michigan Ave. Suite 600 Chicago, IL 60604

Marissa Matzl 2717 Kendall Crossing Johnsburg, IL 60051

Midwest Emergency Associates, LLC PO BOX 637542 Cincinnati, OH 45263

Northwest Health Care Associates 2500 W. Higgins Road, Suite 505 Hoffman Estates, IL 60169

Northwest Oncology and Hematology S.C. 3701 Algonquin Road, Suite 900 Rolling Meadows, IL 60008

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Radiological Consultants of Woodstock 9410 Compubill Drive Orland Park, IL 60462

St. Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL 60169

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FI	ll in this inf	ormation to	identify your case	:		e box only as dire in Form 122A-1Sເ					
De	btor 1	Gary First Name	Alan Middle Name	Matzl Last Name	_	no presumption of abu					
_	btor 2 bouse, if filing)		Middle Name	Last Name	2.The calc	ulation to determine if	a presumption				
Un	ited States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		est Calculation (Officia	•				
	se number known)				3. The Means Test does not apply now because of qualified military service but it could apply later.						
					Check if t	his is an amended filin	g				
Off	icial Form	122A-1									
Ch	apter 7 S	tatement c	of Your Current	Monthly Income			12/1				
are e milit 122	exempted fror ary service, c A-1Supp) with	n a presumptio omplete and file this form.	n of abuse because yo	s, write your name and case ou do not have primarily constion from Presumption of Ab	sumer debts or b	ecause of qualifying	,				
1.	What is your	marital and filir	ng status? Check one o	only.							
	⋈ Not mar										
	_	and your spous	se is filing with you. Fi	ill out both Columns A and B, I	ines 2-11.						
	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are:										
	_ Livi	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.									
	dec										
	bankruptcy c August 31. If in the result.	ase. 11 U.S.C. the amount of your point include a	§ 101(10A). For exampour monthly income variny income amount more	ed from all sources, derived ole, if you are filing on Septem ed during the 6 months, add the than once. For example, if behave nothing to report for any	ber 15, the 6-mon ne income for all 6 oth spouses own t line, write \$0 in the	th period would be Mar months and divide the he same rental propert e space.	ch 1 through total by 6. Fill				
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
2.	•	rages, salary, ti roll deductions).	ps, bonuses, overtime	, and commissions	\$5,437.50						
3.	Alimony and if Column B is	•	ayments. Do not includ	de payments from a spouse	\$0.00						
	expenses of pregular contributions your depende	you or your depoutions from an units, parents, and	e which are regularly poendents, including chunmarried partner, mem droommates. Include renot filled in. Do not include	ild support. Include bers of your household, egular contributions from	\$0.00						

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Deb	otor 1 Gary Alan Mat	zl			с	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	Ð
5.	Net income from operat	ing a business,	profession, o	r farm				
		De	btor 1	Debtor 2				
	Gross receipts (before al deductions)		\$0.00					
	Ordinary and necessary expenses	operating	\$0.00	-	Сору			
	Net monthly income from profession, or farm	a business,	\$0.00		here →	\$0.00		
6.	Net income from rental	•		.				
			btor 1	Debtor 2				
	Gross receipts (before al deductions)		\$0.00					
	Ordinary and necessary expenses	operating —	\$0.00		Сору			
	Net monthly income from other real property	rental or	\$0.00		here →	\$0.00		
7.	Interest, dividends, and	royalties				\$0.00		
8.	Unemployment comper	sation				\$0.00		
	Do not enter the amount benefit under the Social							
	For you			\$0.	00			
	For your spouse							
9.	Pension or retirement in was a benefit under the S			ount received that	İ	\$0.00		
10.	Income from all other s amount. Do not include a or payments received as or international or domes separate page and put the	any benefits rece a victim of a war tic terrorism. If r	ived under the crime, a crime	Social Security A against humanity	ct ⁄,			
	Total amounts from sepa	rate pages, if an	y.		+		+	
11.	Calculate your total cur Add lines 2 through 10 for Then add the total for Co	r each column.		3.		\$5,437.50	+	\$5,437.50
								Total current monthly income

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Deb	Debtor 1		ary Alan Matzl		Case number (if known)					
P	art 2:		Determine Whether the Means	Test Applies to You						
12.	Calc	ulate	your current monthly income for the y	ear. Follow these steps:						
	12a.	Cop	by your total current monthly income from	line 11	Copy line 11 here 😝 12a. \$5,437.50					
		Mul	tiply by 12 (the number of months in a ye	ar).	X 12					
	12b.	2b. The result is your annual income for this part of the form.		12b. \$65,250.00						
13.	Calc	ulate	the median family income that applies							
	Fill in	the s	state in which you live.	Illinois						
	Fill in	the r	number of people in your household.	1						
	Fill in the median family income for your state and size of household									
		To find a list of applicable median income amounts, go online using the link specified in the separate nstructions for this form. This list may also be available at the bankruptcy clerk's office.								
14.	How	do th	ne lines compare?							
	14a.		Line 12b is less than or equal to line 13 Go to Part 3.	. On the top of page 1, check I	pox 1, There is no presumption of abuse.					
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined by Form 122A-2.					
P	art 3:		Sign Below							
	Ву	signir	ng here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true and correct.					
		/~! C	on, Alon Motel	v						
	<i>,</i> , ,		ary Alan Matzl Alan Matzl, Debtor 1	X	ature of Debtor 2					
		Date _.	8/3/2017	Date						
	lf v	ou ch	MM / DD / YYYY ecked line 14a, do NOT fill out or file For	m 1224-2	MM / DD / YYYY					

Official Form 122A-1

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Fi	III in	this inf	ormation to id	dentify your case:		Check the appropriate box as directed
De	ebtor	· 1	Gary	Alan	Matzl	in lines 40 or 42:
			First Name	Middle Name	Last Name	According to the calculation required by this Statement:
	ebtor Spous		First Name	Middle Name	Last Name	1. There is no presumption of abuse.
Ur	nited	States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS	2. There is a presumption of abuse.
	ase n know	number wn)				☐ Check if this is an amended filing
			n 122A-2 leans Test C	Calculation		04/16
122 Be a	A-1). as co	omplete ar	nd accurate as po	ossible. If two marrie	ed people are filing toget	t of Your Current Monthly Income (Official Form ther, both are equally responsible for being
					heet to this form. Include s, write your name and ca	le the line number to which the additional case number (if known).
Pa	art 1	: De	termine Your /	Adjusted Income		
1.	Cor	ρy your to	tal current month	nly income	Copy line 11 from O	Official Form 122A-1 here
2.	Did	you fill or	ut Column B in Pa	art 1 of Form 122A-13	?	
		No. Fill i	in \$0 for the total o	on line 3.		
		Yes. Is y	your spouse filing v	with you?		
		□ No.	. Go to line 3.			
		Yes	s. Fill in \$0 for the t	total on line 3.		
3.	•		•	•	g any part of your spouses. Follow these steps:	se's income not used to pay for
				122A-1, was any amour you or your dependents		orted for your spouse NOT regularly used
		No. Fill i	in \$0 for the total o	on line 3.		
		Yes. Fill	I in the information	, below:		
		For exam	mple, the income is so support people of	which the income was s used to pay your spo other than you or your	ouse's tax are subtractions	amount you acting from use's income
	-					
	-	Total				\$0.00 Copy.total.here → - \$0.00
4.	Δdi	iust vour (current monthly i	ncome Subtract the t	otal on line 3 from line 1.	\$5,437.50

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Debto	· 1	Gary Alan Matzl		Case nui	mber (if known)		
Par	2:	Calculate Your Deductions from Yo	ur Income				
hese	amou ied in	I Revenue Service (IRS) issues National and Lounts to answer the questions in lines 6-15. To foother the separate instructions for this form. This is the separate instructions for this form.	ind the IRS stand	dards, go online u	sing the link		
rom y	me of our sp	expense amounts set out in lines 6-15 regardless f your actual expenses if they are higher than the souse's income in line 3 and do not deduct any opom 122A-1.	standards. Do no	t deduct any amou	nts that you subt	racted	
f your	expe	nses differ from month to month, enter the averag	e expense.				
When	ever th	his part of the form refers to you, it means both yo	u and your spous	e if Column B of Fo	orm 122A-1 is fill	ed in.	
5.	The r	number of people used in determining your dec	luctions from inc	ome			
	return	the number of people who could be claimed as end, plus the number of any additional dependents with the number of people in your households.	hom you support.		I	1	
Natio	onal S	Standards You must use the IRS National S	tandards to answe	er the questions in	lines 6-7.		
		, clothing and other items: Using the number of the dollar amount for food, clothing, and other item		ed in line 5 and the	e IRS National St	andards,	\$639.00
	Stand peopl	of-pocket health care allowance: Using the number dards, fill in the dollar amount for out-of-pocket heale who are under 65 and people who are 65 or olding care costs. If your actual expenses are higher the 2.	alth care. The nui erbecause older	mber of people is s people have a hig	split into two cate her IRS allowand	gories e for	
	Peo	ple who are under 65 years of age					
	7a. (Out-of-pocket health care allowance per person	\$49.00				
	7b. I	Number of people who are under 65	x1				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$49.00	Copy here →	\$49.00		
	Peo	ople who are 65 years of age or older					
	7d. (Out-of-pocket health care allowance per person	\$117.00				
	7e. I	Number of people who are 65 or older	х				
	7f. \$	Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here ++	\$0.00		
					£40.00	Copy total here	¢40.00
	7g. "	Total. Add lines 7c and 7f			\$49.00	7g.	\$49.00

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ebtor 1		Gary Alan	Matzl	Case number (if known)	Case number (if known)			
Loc	al Sta	ındards	You must use the IRS Local Star	ndards to answer the questions in lines 8-15.				
			from the IRS, the U.S. Trustee Proes into two parts:	ogram has divided the IRS Local Standard for housing				
		•	s Insurance and operating expe s Mortgage or rent expenses	enses				
To a	answe	er the question	ns in lines 8-9, use the U.S. Trust	ee Program chart.				
		-	ine using the link specified in the settcy clerk's office.	eparate instructions for this form. This chart may also be				
8.	 Housing and utilities Insurance and operating expense fill in the dollar amount listed for your county for insurance ar 			_	\$420.00			
9.	Hous	sing and utilit	ies Mortgage or rent expenses:					
		-	nber of people you entered in line 5, y for mortgage or rent expenses.	, fill in the dollar amount listed \$1,379.00				
		Total average monthly payment for all mortgages and other debts secured by your home.						
		contractually of	ne total average monthly payment, adue to each secured creditor in the filten divide by 60.					
		Name of the	creditor	Average monthly payment				
				+				
			Total average monthly payment	\$0.00 Copy here - \$0.00 Repeat this amount on line 33a.				
	9c.	Net mortgage	or rent expense.					
			9b (total average monthly payment) . If this amount is less than \$0, ent	T	\$1,379.00			
10.	-		_	on of the IRS Local Standard for housing is incorrect es, fill in any additional amount you claim.				
	Expla why:							
11.	Loca	al transportati	on expenses: Check the number of	of vehicles for which you claim an ownership or operating expense.				
		0. Go to line 1	14.					
	_	1. Go to line 1						
12	_	2 or more. Go		anderde and the number of vehicles for which was aloim the	¢044.00			
12.		-	•	Indards and the number of vehicles for which you claim the	\$241.00			

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or 1	Gary .	,a mat				<u> </u>	ase nun	nber (if known)		
expe	Vehicle ownership or lease expense: Using the IRS expense for each vehicle below. You may not claim to the vehicle. In addition, you may not claim the expense				ne expense if you d	lo not make	e any loa			
Veh	nicle 1	Describe	Vehicle 1:	2012 Chevy M	/lalibu (approx. វ	57000 mil	es). Va	lue sou		
13a.	. Ownersh	hip or leasi	ng costs using	IRS Local Stand	dard			\$485.00	<u>_</u>	
13b.	. Average	monthly p	ayment for all	debts secured by	y Vehicle 1.					
	Do not ir	nclude cos	ts for leased v	ehicles.						
	amounts	s that are c	ontractually du		and on line 13e, add ed creditor in the 60					
	Name	of each cr	editor for Veh	nicle 1	Average month payment					
	Carma	x			\$31.67					
					+				_	
						Сору			Repeat this amount on	
		To	ital average m	onthly payment	\$31.67	here	→ -	\$31.67	_ line 33b.	
13c	Net Veh		·		\$31.67		→ -	\$31.67	Copy net	
13c.		iicle 1 owne	ership or lease	expense.	\$31.67	here =	> -	\$31.67 \$453.33	Copy net Vehicle 1 expense	\$453.
		iicle 1 owne t line 13b fr	ership or lease	expense.		here =	> -		Copy net Vehicle 1 expense	\$453 .
Vehi	Subtract	icle 1 owne t line 13b fr Describe	ership or lease om line 13a. I e Vehicle 2:	expense. If this amount is	less than \$0, enter	here =			Copy net Vehicle 1 expense	<u>\$453.</u>
Veh	Subtract sicle 2	icle 1 owne t line 13b fr Describe hip or leasin	ership or lease om line 13a. I e Vehicle 2: ng costs using	expense. If this amount is	less than \$0, enter	here = \$			Copy net Vehicle 1 expense	<u>\$453.</u>
Veh	Subtract sicle 2 . Ownersh . Average	icle 1 owne t line 13b fr Describe hip or leasin	ership or lease om line 13a. I e Vehicle 2: ng costs using ayment for all	expense. If this amount is	less than \$0, enter	here = \$			Copy net Vehicle 1 expense	<u>\$453.</u>
Veh	Subtract sicle 2 . Ownersh . Average costs for	Describe Describe hip or leasing monthly pricessed ve	ership or lease om line 13a. I e Vehicle 2: ng costs using ayment for all	expense. If this amount is a second of this amo	less than \$0, enter	here =			Copy net Vehicle 1 expense	\$453 .
Veh	Subtract sicle 2 . Ownersh . Average costs for	Describe Describe hip or leasing monthly pricessed ve	ership or lease om line 13a. I e Vehicle 2: ng costs using ayment for all hicles.	expense. If this amount is a second of this amo	dardy Vehicle 2. Do no	here =			Copy net Vehicle 1 expense here	<u>\$453.</u>
Veh	Subtract sicle 2 . Ownersh . Average costs for	Describe Describe Describe Describe Describe Describe Describe	ership or lease om line 13a. I e Vehicle 2: ng costs using ayment for all hicles.	expense. If this amount is a second of this amo	dardy Vehicle 2. Do no	here =			Copy net Vehicle 1 expense	\$453.
Veh	Subtract sicle 2 . Ownersh . Average costs for	Describe Describe Describe Describe Describe Describe Describe	ership or lease om line 13a. I e Vehicle 2: ng costs using ayment for all hicles.	expense. If this amount is a larger of the secured by the secured	dardy Vehicle 2. Do no	here =			Repeat this amount on line 33c. Copy net Vehicle 1 expense here	<u>\$453.</u>
13d. 13e.	Subtract icle 2 . Ownersh . Average costs for Name	Describe Describe Describe Describe Describe Describe Describe Describe To	ership or lease om line 13a. In the Vehicle 2: In group costs using ayment for all hicles. The editor for Vehicles average metal average metals average metals average metals average metals average metals.	expense. If this amount is a larger of this amou	dardy Vehicle 2. Do no	here \$\frac{1}{2}\$\$ \$0.	• -		Copy net Vehicle 1 expense here Area Repeat this amount on line 33c.	\$453. \$0.

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Debto	Gary Alan Matzl Case number (if known)	
15.	Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.	\$0.00
Oth	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses following IRS categories.	or the
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	\$1,504.13
	Do not include real estate, sales, or use taxes.	
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	\$0.00
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18.	Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	\$19.37
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
20.	 Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 	\$0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	\$0.00
23.	Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	\$50.00
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$4,754.83

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Debtor 1		Gary Alan Matzl	e number (if known)						
Add	litiona	I Expense Deductions			allowed by the Mea e allowances listed				
25.	insura	th insurance, disability ins ance, disability insurance, a se, or your dependents.		_	•	e monthly expenses for health ssary for yourself, your			
	Healt	h insurance		\$396.65					
	Disab	pility insurance		\$0.00					
	Healt	h savings account	+	\$470.58					
	Total			\$867.23	Copy total here	→	\$867.23		
	Do yo	ou actually spend this total a	mount?						
	П I	No. How much do you actua	ally spend?						
	Ø	Yes							
26.	will co	inuing contributions to the ontinue to pay for the reasor ber of your household or me nses may include contribution	nable and necessa mber of your imm	ary care and supplediate family who	oort of an elderly, cl o is unable to pay fo	hronically ill, or disabled or such expenses. These	\$165.00		
27.		Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.							
	By lav	By law, the court must keep the nature of these expenses confidential.							
28.		Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.							
	•	believe that you have home then fill in the excess amo			he home energy co	osts included in expenses on			
		must give your case trustee unt claimed is reasonable an		your actual expe	nses, and you mus	t show that the additional			
29.	\$160.	cation expenses for dependent.42* per child) that you pay for elementary or secondary s	or your dependen			ly expenses (not more than years old to attend a private or	\$0.00		
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								
	* Sub	pject to adjustment on 4/01/1	9, and every 3 ye	ars after that for o	cases begun on or	after the date of adjustment.			
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.								
	You n	must show that the additiona	I amount claimed	is reasonable an	d necessary.				
31.		inuing charitable contribut iments to a religious or chari				e in the form of cash or financial	+\$0.00		

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Debto	or 1	Gary Alan Matzl			Case	number	(if known)		
32.		all of the additional entres 25 though 31.	xpense deductions.						\$1,032.23
Dec	luctior	s for Debt Payment							
33.			d by an interest in prope debt, fill in lines 33a thro		, including hom	e mortga	iges, vehic	cle	
			ge monthly payment, add for bankruptcy. Then div		are contractually	due to ea	ach secure	d creditor in	
						Average payment	monthly		
		Mortgages on your	home:						
	33a.	Copy line 9b here			·····-	>	\$0.00		
		Loans on your first	two vehicles:						
	33b.	-				.	\$31.67		
	33c.						\$0.00		
	33d.	List other secured de					<u> </u>		
		e of each creditor for		nerty that	Does paymen				
		secured debt	secures th		include taxes insurance?				
					□ No				
					Yes				
					D No				
					Yes				
					— ☐ No ☐ Yes	+			
					_		\$31.67	Copy total	\$24.67
	33e.	Total average month	ly payment. Add lines 33	a through 33d			φ31.0 <i>1</i>	here →	\$31.67
34.			ted in line 33 secured by rt or the support of your		esidence, a vehi	cle, or ot	her prope	rty	
	ш.	payments listed	int that you must pay to a of the line in line 33, to keep posses t). Next, divide by 60 and	sion of your prop	erty (called				
Nan	ne of t	he creditor	Identify property that secures the debt	Total cu amount		Mont amou	hly cure int		
					÷ 60 =				
					÷ 60 =				
					÷ 60 =	+			
					Total		\$0.00	Copy total here	\$0.00

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Debto	or 1	Ga	ry Alan Matzi	Case nui	mber (if known)		
35.	alimo	ony	we any priority claims such as a priority tax, child support, or that are past due as of the filing date of your bankruptcy case? § 507.				
	Ľ	No. Yes.	Go to line 36. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.				
			Total amount of all past-due priority claims			÷ 60 =	\$0.00
36.	For n	nore i	ligible to file a case under Chapter 13? 11 U.S.C. § 109(e). nformation, go online using the link for Bankruptcy Basics specified in s for this form. Bankruptcy Basics may also be available at the bankruptcy				
		No.	Go to line 37.				
	<u></u>	Yes.	Fill in the following information.				
			Projected monthly plan payment if you were filing under Chapter 13	-	\$28.81		
			Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alab and North Carolina) or by the Executive Office for United States Trus (for all other districts).				
			(IOI all other districts).		X	6	
			To find a list of district multipliers that includes your district, go online the link specified in the separate instructions for this form. This list n also be available at the bankruptcy clerk's office.	•			
			Average monthly administrative expense if you were filing under Cha	apter 13	\$2.22	Copy total here	\$2.22
37.			the deductions for debt payment. 33e through 36.				\$33.89
Tota	al Ded	ductio	ons from Income				
38.	Add	all of	the allowed deductions.				
			24, All of the expenses allowed under IRS allowances				
	Сору	/ line :	32, All of the additional expense deductions \$1,032.23				
	Сору	/ line :	37, All of the deductions for debt payment+\$33.89				
	Total	l dedu	strions \$5,820.95 C	opy total l	nere 👈		\$5,820.95
Par	t 3:	D	etermine Whether There Is a Presumption of Abuse				
39.	Calc	ulate	monthly disposable income for 60 months				
	39a.		by line 4, adjusted current monthly income				
	39b.	Cop	by line 38, <i>Total deductions</i> \$5,820.95				
	39c.		nthly disposable income. 11 U.S.C. § 707(b)(2). (\$383.45) her otract line 39b from line 39a.		(\$383.45)		
		For	the next 60 months (5 years)		x 60		
	39d.	Tot	al. Multiply line 39c by 60	39d.	(\$23,007.00)	Copy here -	(\$23,007.00)

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Debtor 1		Gary Alan Matzl		Case number (if known)						
40.	Find	d out w	whether there is a presumption of abuse. Check the box that applies:							
			ine 39d is less than \$7,700*. On the top of page 1 of this form, check I Part 5.	oox 1, There is no presun	nption of abuse.					
			ine 39d is more than \$12,850*. On the top of page 1 of this form, check may fill out Part 4 if you claim special circumstances. Then go to Part 5.	·	umption of abuse.					
		The l	ine 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.							
		* Sub	ject to adjustment on 4/01/19, and every 3 years after that for cases file	d on or after the date of a	adjustment.					
41.	A S		in the amount of your total nonpriority unsecured debt. If you filled ummary of Your Assets and Liabilities and Certain Statistical Informatio icial Form 106Sum), you may refer to line 3b on that form.	n Schedules						
				x .25						
	41b		6 of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(tiply line 41a by 0.25.	(i)(I).	Copy here ->					
42.	is e	nough	whether the income you have left over after subtracting all allowed to pay 25% of your unsecured, nonpriority debt. box that applies:	d deductions						
			39d is less than line 41b. On the top of page 1 of this form, check box Part 5.	1, There is no presumpt	ion of abuse.					
			39d is equal to or more than line 41b. On the top of page 1 of this for nay fill out Part 4 if you claim special circumstances. Then go to Part 5.		a presumption of abuse.					
Par	t 4:	G	ive Details About Special Circumstances							
43.			ave any special circumstances that justify additional expenses or acre is no reasonable alternative? 11 U.S.C. \S 707(b)(2)(B).	ljustments of current m	nonthly income for					
		No.	Go to Part 5.							
		Yes.	Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.							
		ncome of your actual								
			Give a detailed explanation of the special circumstances		Average monthly expense or income adjustment					
					-					

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Debtor 1	Gary Alan Matzl	Case number (if known)
Part 5:	Sign Below	
By si	igning here, I declare under penalty of perjury th	nat the information on this statement and in any attachments is true and correct.
X /s	s/ Gary Alan Matzl	X
	Sary Alan Matzl, Debtor 1	Signature of Debtor 2
D	Pate 8/3/2017	Date
	MM / DD / YYYY	MM / DD / YYYY